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**North Dakota
Department of Veterans Affairs
Women in the Military Survey**

Date: _____

Name: _____

First

Last

Address: _____

Email: _____

Military Information:

What is your most current dates of service? _____ \ _____ \ _____ to _____ \ _____ \ _____

Why did you decide to enlist in the service? _____

How old were you when you enlisted? _____

In what city did you enlist? _____

Where were you born? _____

What branch of service did you serve in? ☐ Army ☐ Marines ☐ Navy
☐ Coast Guard ☐ National Guard ☐ Reserves ☐ Air force ☐ Other _____

Did you serve overseas? ☐ No ☐ Yes, location _____

Are you a combat veteran? ☐ No ☐ Yes, location _____

How many times were you deployed? _____

Dates of deployment: _____ \ _____ \ _____
_____ \ _____ \ _____

What was your *last* occupation in the military? _____

General Information:

What is your age group? ☐ 18-30 ☐ 31-40 ☐ 41-50 ☐ 51-60 ☐ 61-70 ☐ Over 71

What is your education level? ☐ High school/GED ☐ Some college
☐ Associate degree ☐ Bachelors Degree ☐ Masters Degree ☐ Doctoral Degree
☐ Other: _____

Are you currently employed? ☐ Yes ☐ No

What is your occupation? _____.

North Dakota Department of Veterans Affairs Women Veterans Survey PG 2

What is your current marital status? ☐ Single ☐ Married ☐ Divorced ☐ Other

If divorced, did deployment have an impact on your marriage? ☐ No ☐ Yes, please explain _____

If you are divorced. Do you have full or joint custody? ? ☐ Full or ☐ Joint
Is or at any time was your spouse or partner in the military? ☐ Yes or ☐ No
Have you made contact with your County Service Officer? ☐ Yes or ☐ No

What Veteran Service Organizations you are affiliated with?

- ☐ ND Depart. Of Veterans Affairs ☐ Disabled American Veterans
☐ American Legion ☐ Veterans of Foreign Wars
☐ AMVETS
☐ Other

What mental and physical healthcare issues are you concerned about?

- | | | |
|--|--|--|
| <input type="checkbox"/> Amputations | <input type="checkbox"/> Adjusting to physical limitations | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Gynecological | <input type="checkbox"/> Head Injuries |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Skin Disorders | <input type="checkbox"/> Post Traumatic Stress |
| <input type="checkbox"/> Musculoskeletal Disorders | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Sleep issues |
| <input type="checkbox"/> Stress of parenting | <input type="checkbox"/> Urological problems | <input type="checkbox"/> Other _____ |

Have you applied for medical care through the Department of Veteran Affairs ☐ Yes or ☐ No

Have you filed a claim for service related injuries through the Department of Veteran Affairs? ☐ Yes ☐ No

In reference to the two questions above please explain why you have or have not obtained services through the Department of Veteran Affairs?

Do you see any blocks or issues that inhibit you from going to the Department of Veteran Affairs for care and support? _____

What do you think the Department of Veterans Affairs could do to address women's issues or assist women to know what services are available to them?

North Dakota Department of Veterans Affairs Women Veterans Survey PG 3

It was or is difficult for some women to identify themselves as veterans even though they served in the military. Do you consider yourself a veteran? ☐ Yes ☐ No, why?

Do you think that as a women in the military you have or had different needs then your male counterparts?
☐ No ☐ Yes If so explain.

If you were deployed what Wartime Service period did you serve?

- ☐ World War II
- ☐ Korean War
- ☐ Vietnam War
- ☐ Gulf War
- ☐ OIF/OEF

If deployed was it difficult once you returned to:

- | | | |
|--------------------------------------|------------------------------|-----------------------------|
| a. Continue parenting your children? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Continue to be a spouse ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Continue to be single? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Place of employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Continue your education ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Think of being deployed again? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Are you aware that you may be eligible for state veterans benefits? ☐ Yes ☐ No

Listed are just a few:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Veterans Aid Loan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hardship Assistance Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transportation System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Future Participation Projects:

What time of the year would you prefer the North Dakota State Department of Veterans Affairs to hold a Women in the Military event? Please choose only one: ☐ Spring ☐ Summer ☐ Fall ☐ Winter

What day of the week would you be available to attend a Women in the Military event? Please choose only one. ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

Any thoughts or comments can be added in the space below:

Please **send** completed survey to:
Women Veterans' Coordinator
NDVA 4201 38th St SW Suite 104
PO Box 9003
Fargo, ND 58106-9003

Any questions about this survey please contact: Betty Helmer at 701-451-4645.

